



St. Joseph Catholic School

Application for Tuition Assistance 2019-2020

Dear Parents,

We understand the financial burden that providing a strong Catholic education might have on a family and we appreciate that you have chosen St. Joseph Catholic School as your choice to educate your child. With the support of generous donors, we have created a tuition assistance program to help our families in sending their child(ren) to St. Joseph Catholic School.

Tuition assistance awards will be distributed until funds are exhausted. In order to distribute to as many families as possible, scholarships will not be more than 50% of your total tuition. Active parishioners will be given first consideration. Assistance will be distributed in part, based on the number of St. Joseph Catholic School students in the family, active school participation and financial need. Available funds will be awarded on a first come, first serve basis.

A *Welcome Scholarship* will be available for new families who are registered parishioners in the St. Joseph Catholic church. Eligible families are those who have incoming Kindergarten through 8th graders during the 2019-2020 academic year and who have joined the parish sometime within the past year. The Welcome Scholarship will be a \$250 award.

The privacy of your family is important to us. Your financial information will only be seen by our priest, Fr. Emmanuel and our principal, Mrs. Clemens. The amount of your scholarship will be given to the business manager only.

Once again, thank you for choosing St. Joseph Catholic School for your child(ren). Please be sure to contact us if you have any questions or concerns.

God Bless,

Adult Name Printed:

Student(s) Name:

Applicant Number:

Number of children in the household: _____

Children enrolling in St. Joseph Catholic School for the 2019-2020 academic year:

- | | |
|-------------------------------------|------------------|
| <input type="checkbox"/> Student #1 | Tuition: \$2,450 |
| <input type="checkbox"/> Student #2 | Tuition: \$2,450 |
| <input type="checkbox"/> Student #3 | Tuition: \$2,450 |
| <input type="checkbox"/> Student #4 | Tuition: \$2,450 |
| <input type="checkbox"/> Student #5 | Tuition: \$2,450 |

Total Tuition Cost for All Children in Family: _____

- ☐ We are active parishioners at Holy Family or St. Joseph Parish.
- ☐ We are new to St. Joseph Catholic School and Parish and would like to apply for the \$250 Welcome Scholarship.

Required Fees (not eligible for assistance requests)

Registration: \$150

Book: \$150

Technology: \$25 per student

Planners (3rd grade and above): \$6.00

Athletic (for athletes only): \$35.00 Student's Name _____

Financial Information

1. Father/Guardian occupation _____

2. Father/Guardian Employer _____

3. Work phone _____

4. Father/Guardian's income as listed on W-2(s) _____

5. Mother/Stepmother's occupation _____

6. Mother/Stepmother's Employer _____

7. Work phone _____

8. Mother/Stepmother's income as listed on W-2(s) _____

9. Do you own your own business? Yes ___ No ___ Nature of business. _____

10. Income from other sources _____

11. Adjusted gross income as reported on Federal 1040 or 1040EZ tax form SIGNED (**attach pages 1 & 2 only.**
You may obliterate social security and/or tax id numbers). _____

12. Will student be receiving any other scholarships or financial aid of which you are aware at this time?
Yes ___ No ___ Amount. _____

Adult Name Printed:

Student(s) Name:

Applicant Number:

13. LIST ALL CHILDREN AND ADULTS in your home who will be **FULL-TIME STUDENTS** at any school this fall, and for whom parents or stepparents are financially responsible. **INCLUDE ABOVE NAMED STUDENT APPLICANT.**

<i>Name of Student</i>	<i>Age</i>	<i>School to be attended in the fall</i>	<i>Grade or year in school this fall</i>

Additional Information

Please provide any additional information that may be beneficial for the tuition assistance committee to review.

Parent/Guardian Signature required for dependent student): _____

Date: _____

Address (if different from student's address): _____

City: _____ State: _____ Zip: _____

Please enclose application in a sealed envelope labeled "Confidential Scholarship Request" in the school office or directly to the principal. Funds will be considered on an individual, first come, first serve basis.

Office Use Only

Applicant Number: _____

Application Received on _____ at _____ by _____

☐ Approved Amt. _____ ☐ Denied Additional Notes: _____

Official Signature: _____